Common risks include but are not limited to the following.

- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

Less common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- Excessive bleeding from the puncture site. This may require other treatment and/or corrective surgery.
- An allergy to injected drugs, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.
D. Patient/ Parent / Substitute Decision Maker consent

I acknowledge that the doctor /doctor delegate has explained the proposed procedure to me and/or my child.

My child and/or I understand:

- the risk and complications, including those that are specific to me/ my child.
- If immediate life-threatening events happen during the procedure, health care will be provided in accordance with good clinical practice and in the best interests of the patient.
- a doctor/ doctor delegate undergoing further training may conduct this procedure.
- the sedation/ anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me/my child.

I have been given the following Patient Information Sheet/s:

- Aspiration/Drainage under Imaging - Child / Young Person
- About your Child’s Anaesthetic
- CT - Child / Young Person

OR
- Ultrasound - Child / Young Person

My child and/or I were able to ask questions and raise concerns with the doctor about the condition, the proposed procedure and its risks, and my treatment options. Any questions and concerns have been discussed and answered to my/our satisfaction.

- I understand that I have the right to change my/our mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during the procedure / treatment and that these image/s or video/s will assist the doctor to provide appropriate treatment.
- I understand that Queensland Health may release my child and/or my relevant de-identified information obtained from this and related procedures for education and training of health professional.

On the basis of the above statements,

E. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (D) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: .................................................................

Designation: ..............................................................................

Signature: ...................................................................................

Date: .........................................................................................

F. Interpreter’s statement

I have given a sight translation in

(state the patient’s language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: ........................................................................

Signature: ...................................................................................

Date: .........................................................................................
1. What is an Aspiration / Drainage?
An aspiration or drainage is a procedure that takes liquid from a pool of fluid (collection) in the body. A collection may contain clear fluid, pus or blood. Most collections are accessible through the skin.
An aspiration is where a needle is inserted into the collection and a sample is taken for testing at pathology.
A drainage involves a soft tube (drain) inserted into a collection and left in place to drain the fluid until the collection is gone.
These procedures performed in medical imaging are done with guidance from imaging machines such as ultrasound or CT. For more information on these imaging methods and the risks involved in their use, please read the CT or Ultrasound Information Sheet - Child / Young Person (if you do not have this information sheet please ask for one).

2. Will there be any discomfort, is any anaesthetic needed?
This procedure will require an injection of local anaesthetic. No more than mild discomfort should be felt.
It is very important that you/your child lie very still for the procedure. If unable to lie still, a general anaesthetic may be needed. If booked for an anaesthetic, please read About Your Child’s Anaesthetic - Patient Information Sheet (if you do not have this information sheet please ask for one).

3. Preparation for the procedure
The medical imaging department will give instructions on how to prepare for the procedure.
- Please tell the staff if you/your child is or suspect may be pregnant.
- If you/your child takes Aspirin, Warfarin or any other drug that is used to thin the blood ask your doctor/health practitioner if it should be stopped before the procedure as it may affect the blood clotting.

For Parent/Guardian/Adult
To prepare your child for the procedure and to ease their fears, tell them what they can expect to happen during the procedure. The information sheets will assist you with this
We welcome your help and support during the procedure.
- At the discretion of the medical imaging staff:
  - A parent/guardian/adult (unless pregnant) may be invited into the procedure room to support your child.
  - If your child is having a general anaesthetic you may be able to see them off to sleep. Once asleep you will be asked to leave the procedure room and wait in the waiting area.
- Other children are not allowed into the procedure room. These children must be supervised at all times by another parent/guardian/adult.

4. During the procedure
A fine needle (IV cannula) may be inserted into a vein in the arm. Before the needle is inserted, a local anaesthetic cream may be applied, to numb the skin. Pictures will be taken of the procedure site.
The doctor will inject local anaesthetic. You/your child must remain as still as possible, and at times may be asked to hold their breath.
Using imaging as a guide the doctor will insert a needle. Once the needle is in the collection a sample will be taken for testing.
Aspiration:
The needle will be removed and a dressing applied.
Drainage:
A soft tube (drain) is inserted into the collection. The tube is connected to a drainage bag to collect the fluid and a dressing is applied. The doctor will discuss with you how long the drain will need to stay in for.

5. After the procedure
The recovery time varies depending on the site, the anaesthetic given and the age of the patient. It varies between 2 hours to 6 hours.
The IV cannula will be removed after you/your child has recovered.
Staff will discuss with you what level of activity is suitable after the procedure.
How is the drain removed? (If inserted)
Removing a drain may require an injection of local anaesthetic. No more than mild discomfort should be felt. No sedation or general anaesthetic is required. The doctor will tell you/your child how to breathe while the tube is pulled out. Some stitches may be needed to close the wound.
The doctor will tell you when the stitches are to come out and when to take the dressing off.

6. What are the risks of this specific procedure?
The risks and complications with this procedure can include but are not limited to the following.
Common risks and complications include:
- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the puncture site. This may require medication.
• Bleeding or bruising may occur. This may be more common if Aspirin, Warfarin, or any other drug that is used to thin the blood is taken.

• The drain may become kinked or blocked and may need to be moved or replaced.

• Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

• Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia to be used.

Less common risks and complications include:
• Infection, requiring antibiotics and further treatment.

• Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment,

• Excessive bleeding from the puncture site. This may require other treatment and/or corrective surgery.

• An allergy to injected drugs, requiring further treatment.

• The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:
• Seizures and/or cardiac arrest due to local anaesthetic toxicity.

• Death as a result of this procedure is very rare.

7. What are the safety issues when you/your child leave hospital?

If a drainage tube has been left insitu, take care not to pull or tug the tube. Notify staff or your GP if the tube falls out.

Go to the nearest Emergency Department or GP if you/your child become unwell or have:
• pain, unrelieved by simple pain killers
• continuous bleeding or swelling at the puncture site
• redness or inflammation at the puncture site
• fever
• other warning signs the doctor may have asked you to be aware of.

Notes to talk to the doctor/ health practitioner about: